State of California-Health and Human Services Agency
Department of Health Services

California Department of Health Services

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TO:
[X] County Organized Health System Plan (COHS)
[X] Geographic Managed Care (GMC) Plans
[X] Prepaid Health Plans (PHP)
[X] Primary Care Case Management (PCCM) Plans
[X] Two-Plan Model Plans

FROM:
Cheri Rice, Chief
Medi-Cal Managed Care Division

SUBJECT:
EMERGENCY SERVICES MEDICAL CLAIM CODING AND DOCUMENTATION GUIDELINES

This document is to clarify Department of Health Services (DHS) standards for coding of medical claims and the underlying supporting documentation for professional emergency services. The standard followed by the DHS Medi-Cal program can be found in Section 51050 of Title 22, California Code of Regulations, "Health Care Financing Administration's Common Procedure Coding System." The Health Care Financing Administration's Common Procedure Coding System (HCPCS) consists of the Physicians' Current Procedural Terminology (CPT), published by the American Medical Association, also commonly cited as HCPCS Level I and HCPCS Level II. Level I codes are codes that typically relate to procedure and evaluation codes used by medical providers when providing services. Level II codes typically relate to supplies, equipment, pharmaceuticals and services/procedures performed by allied medical professionals such as Dentists and Optometrists. Medi-Cal beneficiary claims for emergency services in the Medi-Cal Fee for Service and Medi-Cal Managed Care Programs should be billed and adjudicated using the most recent HCPCS Level I and Level II codes and documentation standards.